City of Vernon

4305 Santa Fe Avenue
Vernon, California 90058
(323) 583-8811

COMMUNITY SERVICES NEW SERVICE REPORT

Applicant (Name on the electric bill): _____

Address of electric service: _____

Mailing address if different: _____

The applicant understands that the property will be maintained such that it will meet the requirements of the Building Codes of the City of Vernon. The applicant also agrees that the electrical and water services may be discontinued if the Building Department issues a Notice of Violation pursuant to the City of Vernon Building Codes.

Check the appropriate box

☐ The electric service is currently on and needs no preliminary inspection.

☐ The electric service is off and is requested to be turned on. Before any electrical service that is off is turned on, an electrical inspection is required. Contact the Electrical Inspector, at ext. 244, to coordinate building access.

Check the appropriate box

☐ The applicant is planning to occupy the premises with equipment, materials or personnel. In order to occupy, the applicant shall obtain a " Certificate of Occupancy" in the applicants name. Contact Community Services to coordinate occupancy inspection.

☐ The applicant is not occupying the premises. The electric service is to be turned on for clean and show or construction only. In the event that personnel or property is to occupy the premises, a Certificate of Occupancy is required.

_____ _____
Applicant Representative's Signature Date

_____
Print Name

_____ _____
Company Title (Owner, Pres., Manager.,etc.) Phone

City Of Vernon

APPLICATION AND CONTRACT FOR UTILITY SERVICE(S)

The undersigned Applicant hereby request the City of Vernon to supply electric, water, and/or gas service(s) to the location shown on page 2 of 2 hereof (Credit Information, attached hereto and made a part hereof by reference), in accordance with the applicable rates, rules and regulations of the City.

Applicant hereby agrees to the following:

1. Applicant has reviewed and inspected the applicable City of Vernon rates, rules and regulations for electric, water, and/or gas service(s) and agrees to comply therewith, and with any changes or modifications hereto which may be authorized from time to time by the City.
2. Applicant elects to take and pay for service under Schedule(s)_____for a minimum period of x_____months. As specified in this schedule, Applicant elects the following optional provisions: x_____
3. Where Applicant requested facilities which are in addition to, or in substitution for, the standard facilities which the City normally installs, Applicant agrees to pay the extra cost thereof. Applicant agrees to pay in advance the extra cost for such facilities.
4. Where applicable, Applicant Agrees to pay the following rates:
   Contract Demand: x_____kW
   Excess Transformer Capacity: x_____kW
   Appliance (s) Load: _____BTU
   Gas Delivery Pressure: ☐7 ” – 10” W.C. ☐ 5 PSI ☐ 10 PSI ☐ Other _____
5. Applicant grants to the City Of Vernon a right-of-way for any electric, water and/or gas lines and/or other facilities which may be necessary to build in, on, under, or over Applicant's Premises for the purpose of making delivery hereunder. Applicant also grants to the City a right-of-access to service any such lines or facilities in order to install, maintain, repair, replace, and/or remove them.
6. All facilities installed by the City shall remain the sole property of the City.
7. In the event Applicant materially increases or decreases his service requirements from those which have been installed hereunder and a change is required in the City's facilities, Applicant agrees to pay for the installation and/or removal cost of the facilities.
8. This contract shall at all times be subject to such changes or modification by the City as may be made from time-to-time in the exercise of its jurisdiction.

_____ _____

Print Name Signature

_____ _____

Title Date

_____

Company

City of Vernon

CREDIT INFORMATION:

Corporation | Partnership | Sole Proprietorship

Please Print Above Line

Corporate Officer/Partner/Owner Name | Title

Home Address | City/State | Zip Code | Home Phone Number

Driver's License | Date of Birth | Tax ID # or SSN

Additional Corporate Officer/Partner Name | Title

Home Address | City/State | Zip Code | Home Phone Number

Emergency Contact Name | Title

Address | City/State | Zip Code | Phone Number

CURTAILMENT NOTIFICATION

Name

Address | City/State | Zip Code | Phone Number

Fax Number | E-Mail Address

Business Name

Service Address

Mailing Address

CITY OF VERNON
UTILITIES DEPARTMENT

ELECTRIC SERVICE PLANNING INFORMATION

1. Company name: _____

Company Address: _____

Contact Name: _____ Telephone No: _____

Type of Business: _____

Operating Hours: _____ Total Facility Size: _____

2. Electric service request:

☐ New tenant in building using existing electric service (name change on electric bill)

Existing Panel Rating _____ Amps Voltage _____ V

Estimated Total Connected Load _____ Amps Estimated Demand _____ Amps

☐ Load Addition to Existing Electrical Service

Existing Panel Rating _____ Amps Voltage _____ V

Existing Peak Load (Demand) _____ Amps Additional Load (Connected) _____ Amps

☐ Installation of New Electric Panel

New Panel Rating _____ Amps Voltage _____ V

Estimated Total Connected Load _____ Amps Estimated Demand _____ Amps

Print Name: _____ Date: _____

Title: _____ Estimated Date For Electric Request _____

Signature: _____

FOR OFFICE USE ONLY

Customer Service	Engineering
Account No. _____	Transformer _____
Meter No. _____	Transformer Size _____
Phase _____	Secondary Conductor Size _____
Rate: GS1 ☐ GS2 ☐ TOU-G ☐ TOU-V ☐	Additional Customers _____
Service is ON ☐ OFF ☐	FDR# _____ LOAD BLOCK # _____
NOTES _____	NOTES _____
	Action Item _____

4305 Santa Fe Avenue, Vernon, CA 90058 Telephone: (323) 583-8811 Fax: (323) 826-1433 Rev: 7/01